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## BIB DATA SHEET

CONFIRMATION NO. 7722

<b>SERIAL NUMBER</b> 10/597,901	<b>FILING or 371(c) DATE</b> 04/23/2007 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 089498.0500.US		
<b>APPLICANTS</b> Darrell H. Reneker, Akron, OH; Daniel J. Smith, Stow, OH; Woraphon Kataphinan, Fontana, CA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/04532 02/14/2005 which claims benefit of 60/544,009 02/12/2004 YES EC <b>** FOREIGN APPLICATIONS *****</b> NO EC <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/23/2007						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ERIN L COLELLO/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> ROETZEL AND ADDRESS 222 SOUTH MAIN STREET AKRON, OH 44308 UNITED STATES						
<b>TITLE</b> Stent for Use in Cardiac, Cranial, and Other Arteries						
<b>FILING FEE RECEIVED</b> 1215	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		